Please type a plus sign (+) inside this box		ı
Please type a plus sign (+) inside this box	+ !	ı

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. J&J 2076 Attorney Docket Number **DECLARATION** AND **POWER OF ATTORNEY** Rainer Lange First Named Inventor FOR UTILITY OR DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number □ Declaration Submitted with □ Declaration Submitted after Filing Date Initial Filing (Surcharge Initial Filing OR (37 CFR 1.16(e)) required) Group Art Unit Examiner Name As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CLEANSING COMPOSITIONS AND THEIR USE IN FEMININE HYGIENE WIPES (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. **Certified Copy** Foreign Filing Date **Priority Prior Foreign** Attached? **Not Claimed** (MM/DD/YYYY) Application Country YES Number(s)

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.	C. 119(e) of any United States provisional a	application(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
		Patented Patented Patented					
I hereby appoint:							
Practitioners at Customer Number	Place Customer Practitioners at Customer Number 000027777 → Number Bar Code Label Here						
AND							
Practitioner(s) named below: Name Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to Joel A. Rothfus at telephone number (732) 524-2722.							
Customer Number Direct all correspondence to:							
Address:							
Address:							
City:	State: Z!P						
ountry Telephone: Fax:							

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Rainer		Family Name or Surname	Lange			
Inventor's Signature			Date			
Residence: City Bad Honnef	State	Coun	try Germany	Citizenship German		
Mailing Address Kirchstrasse 36						
City Bad Honnef	State	ZIP 5	53604	Country Germany		